

07/31/03
16310 U.S. PTO

22240 U.S. PTO
10/630976
07/31/03

**NONPROVISIONAL PATENT
APPLICATION TRANSMITTAL RULE §1.53(b)
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**



32294

PATENT TRADEMARK OFFICE

Customer Number 32294

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Docket No.: 59643-00221

Date: July 31, 2003

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

MAILSTOP PATENT APPLICATION

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is a nonprovisional patent application:

**For (Title): A SYSTEM AND METHOD FOR COUNTING USER
EQUIPMENTS (UEs) IN IDLE MODE IN A MULTIMEDIA
BROADCAST MULTI-SERVICE (MBMS)**

**By (Inventors): Juho PIRSKANEN (Tampere, Finland); Sinikka SARKKINEN
(Kangasala, Finland)**

- ☒ **21 pages of Specification/Claims 1-41/Abstract are attached.**
- ☒ **Formal drawings (Figs. 1-3; 2 sheets) are attached.**
- ☐ **A Declaration and Power of Attorney is attached.**
- ☐ **An assignment of the invention to _____ is attached, along with Form PTO-1595 and a check for \$40.00.**
- ☐ **An Information Disclosure Statement is attached, along with Form PTO-1449, and _____ reference(s).**
- ☐ **This application is entitled to Small Entity Status.**
- ☐ **A Preliminary Amendment is attached.**
- ☐ **Please amend the specification by inserting before the first line the sentence --This nonprovisional application claims the benefit of U.S. Provisional Application No. _____, filed _____. --**

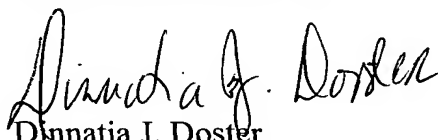
- ☐ Priority of foreign application No. _____ filed _____ in _____ is claimed under 35 U.S.C. §119.
- ☒ Priority of U.S. Provisional Application(s) No. 60,446,264 filed February 11, 2003 is claimed under 35 U.S.C. §119(e).
- ☐ A certified copy of the above corresponding foreign application is attached.

The filing fee is calculated below and includes claim status after entry of any Preliminary Amendment noted above:

			SMALL ENTITY			LARGE ENTITY	
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	OR	RATE	FEE
BASIC FEE				\$ 375	OR		\$ 750
TOTAL CLAIMS	41 - 20	= 21	x 9 =	\$	OR	x 18	\$ 378
INDEP CLAIMS	3 - 3	=	x 42 =	\$	OR	x 84	\$
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS			+140 =	\$	OR	+280	\$
			TOTAL	\$	OR	TOTAL	\$1,128

- ☒ A check for the filing fee is not enclosed at this time.

Respectfully submitted,



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